

# BEST AVAILABLE COPY

## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

Application or Docket Number

09765394

### CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|                                  |                          |              |
|----------------------------------|--------------------------|--------------|
| TOTAL CLAIMS                     | 11                       |              |
| FOR                              | NUMBER FILED             | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS          | 11 minus 20=             | * —          |
| INDEPENDENT CLAIMS               | 2 minus 3 =              | * —          |
| MULTIPLE DEPENDENT CLAIM PRESENT | <input type="checkbox"/> |              |

| SMALL ENTITY<br>TYPE | OTHER THAN<br>SMALL ENTITY |
|----------------------|----------------------------|
| RATE                 | RATE                       |
| BASIC FEE            | 355.00                     |
| OR                   | BASIC FEE                  |
| X\$ 9=               | 710.00                     |
| OR                   | X\$18=                     |
| X40=                 | X80=                       |
| OR                   | +270=                      |
| +135=                |                            |
| TOTAL                | OR TOTAL                   |

\* If the difference in column 1 is less than zero, enter "0" in column 2

### CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|--|---|---|---|------------------|
|  | Total                                     | * | Minus                                       | **               |
| Independent                                    | *   | 6 | Minus                                       | ** 3 = 6         |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | <input type="checkbox"/>                  |   |   |                  |

| SMALL ENTITY               | OTHER THAN<br>SMALL ENTITY |
|----------------------------|----------------------------|
| RATE                       | RATE                       |
| ADDITIONAL<br>FEE          | ADDITIONAL<br>FEE          |
| X\$ 9=                     | X\$18=                     |
| OR                         | X80=                       |
| X40=                       | +270=                      |
| OR                         |                            |
| +135=                      |                            |
| TOTAL<br>ADDITIONAL<br>FEE | TOTAL<br>ADDITIONAL<br>FEE |

| AMENDMENT B                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|--|---|---|---|------------------|
|  | Total                                     | * | Minus                                       | **               |
| Independent                                    | *   | 6 | Minus                                       | *** =            |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | <input type="checkbox"/>                  |   |   |                  |

| ADDITIONAL<br>FEE          | ADDITIONAL<br>FEE          |
|----------------------------|----------------------------|
| X\$ 9=                     | X\$18=                     |
| OR                         | X80=                       |
| X40=                       | +270=                      |
| OR                         |                            |
| +135=                      |                            |
| TOTAL<br>ADDITIONAL<br>FEE | TOTAL<br>ADDITIONAL<br>FEE |

| AMENDMENT C                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|--|---|---|---|------------------|
|  | Total                                     | * | Minus                                       | **               |
| Independent                                    | *   | 6 | Minus                                       | *** =            |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | <input type="checkbox"/>                  |   |   |                  |

| ADDITIONAL<br>FEE          | ADDITIONAL<br>FEE          |
|----------------------------|----------------------------|
| X\$ 9=                     | X\$18=                     |
| OR                         | X80=                       |
| X40=                       | +270=                      |
| OR                         |                            |
| +135=                      |                            |
| TOTAL<br>ADDITIONAL<br>FEE | TOTAL<br>ADDITIONAL<br>FEE |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

• The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.